

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18447

State File No. \_\_\_\_\_

Registration District No. 223Primary Registration District No. 4-796-Registrar's No. 5-

## 1. PLACE OF DEATH:

(a) County Monteau  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community, years, months or days)

3. (a) PRINT  
FULL NAMELucy Rebecca Medlin3. (b) If veteran,  
name war.3. (c) Social Security  
No.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased Feb 16 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 3 13 hr. min.

9. Birthplace Monteau Mo  
(City, town or county) (State or foreign country)10. Usual occupation Housekeeper

11. Industry or business

12. Name N. H. Medlin13. Birthplace Cooper Mo  
(City, town or county) (State or foreign country)14. Maiden name Elizabeth Howard15. Birthplace Cooper Mo  
(City, town or county) (State or foreign country)16. (a) Informant Ethel M. Donald(b) Address Latham Mo17. (a) Burial (b) Date thereof May 30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Green Grove18. (a) Signature of funeral director William F. Grindley(b) Address California Mo19. (a) 5/31-43 (b) Mrs. H. J. Sullivan  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monteau  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 43 hour 12 minute AM

21. I hereby certify that I attended the deceased from 2-4  
1943, to 5-29, 1943  
that I last saw her alive on 5-27, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal-vascular disease  
Duration 2 years

Due to Generalized arteriosclerosis

Due to 13/a

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work? (a) Means of injury

23. Signature Kenyon Latham (M. D. or other)  
Address California, Mo Date signed 5-29-43

86.9

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.